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		07 08 09	04 01 05 02 06 03		11 M 12 C	Motorcycle, I Other Inknown	Bus	1 None used 5 Child restraint 9 Other 1 - No injury 2 Lab belt 6 Protective helmet 0 Unknown 2 - Possible Injury							4 - Incapacitating Injury 5 - Fatal Injury						
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9 - QIAGRÂM			10 - INDICATE NORTH	11 - SKIDDING VEHICLE
				OCCURRED 1 2 3 YES
				NO 🗆 🗆
				12 - <u>CITATIONS</u> UNIT NO. A.R.S. NO. OR CITY CODE
				14 - PRIOR ACTION
				RAN OFF ROADWAY PRIOR YES NO TO FIRST HARMFUL EVENT
				RIGHT LEFT UNITNO.
				15 - MANNER OF COLLISION
				CHECKONLY ONE  1 SINGLE VEHICLE
				2 ANGLE
				3 LEFT TURN - 4 RIGHT TURN
				5 U-TURN
				6 REAR-END 7 HEAD-ON
				8 SIDESWIPE (SAME DIRECTION) 9 SIDESWIPE (OPPOSITE DIRECTION)
				10 BACKING
				11 □ NON-CONTACT MOTORCYCLE 12 □ NON-CONTACT NON-MOTORCYCLE
13 - DESCRIBE WHAT HA	PPENED			- 13 ☐ PEDESTRIAN 14 ☐ PEDALCYCLE
				15 OTHER
				30 - TRAFFIC UNIT ACTION
				CHECK ONE PER UNIT  1 2 3  1 □ □ □ GOING STRAIGHT AHEAD
				2 SLOWING IN TRAFFICWAY
				3  STOPPED IN TRAFFICWAY 4  MAKING LEFT TURN
				5
			NJURED TAKEN TO / BY	7 - ENTERING ALLEY OR DRIVEWAY
			INJUNED TAKEN TO / BY	8  LEAVING ALLEY OR DRIVEWAY 9 OVERTAKING/PASSING
				10 🗌 🗎 CHANGING LANES
16 - LIGHT CONDITION	21 - SPECIAL LOCATION	24 - NON I NTERSECTION ROAD	28 - VIOLATIONS / REHAVIOR	11
16 - LIGHT CONDITION CHECK ONLY ONE	21 - SPECIAL LOCATION CHECK ONLY ONE	24 - NON I NTERSECTION ROAD CHARACTER CHECKONI Y ONF	28 - <u>VIOLATIONS / BEHAVIOR</u> TWO CHOICES PER PERSON MAY BE SELECTED	
CHECK ONLY ONE  1 DAYLIGHT		CHARACTER CHECKONLY ONE	TWO CHOICES PER PERSON MAY BE SELECTED  1 2 3	12 AVOIDING VEHICLE, OBJECT, PEDESTRIAN  13 DESTRIAN  14 DESTRIAN  14 DESTRIAN  15 PARKING POSITION
CHECK ONLY ONE	CHECK ONLY ONE  1 SCHOOL CROSSING  2 PEDESTRIAN CROSSWALK (STRIPED)	CHARACTER CHECKONLY ONE  1 2-WAY STRIPED CENTERLINE 2 2-WAY, NO STRIPE	TWO CHOICES PER PERSON MAY BE SELECTED  1 2 3 1  NO IMPROPER ACTION 2 SPEED TOO FAST FOR	12 AVOIDING VEHICLE, OBJECT, PEDESTRIAN  13 ENTERING PARKING POSITION  14 ENTERING PARKING POSITION  15 PROPERLY PARKED  16 MRPROPERLY PARKED
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1	ARIZ	, <b>FATA</b> FOI TRAFFIC R ZONA DEPAR	IFFIC ACCIDE  L SUPPLEMI  RWARD COPY TO  ECORDS SECTION  TMENT OF TRAIN  PHOENIX, ARIZO	YEAR MONTH	DAY			HOUR			NCIC NO.		OFFICERS			Report Numi			
2	MIL	DESCRIPTIO	WEIGHT  DVED TO  DN OF CLOTHING  DN OF PROPERT		HEIGHT NAME	DDRE	ADDRESS					DATE OF BILL	TRIAN ARKS, SCA	PASSE RS/TATTOOS					
3	DRIVER	NAME OF DRIVER SAME AS VICTIM OCCUPATION								RACE MARITAL S	MARITAL STATUS								
4	COMMENTS  DECEASED AT SCENE: Yes No / TRANSPORTED TO HOSPITAL: Yes No																		
5	POLICE CALLED POLICE ARRIVED IF THE DECEASED WAS NOT TRANSPORTED, THE BLANKS TO THE RIGHT SHOULD RELATE TO THE NEXT MOST SEVERELY INJURED PERSON.  AMBULANCE ARRIVED AT HOSPITAL *G or A																		
	6 MARK DAMAGED AREA(S) OFVICTIM'S VEHICLE					RESTRAINT USAGE /F	RESTRAINT FAILURE				E				WAS TRAM	DICATE WHETHER THE VICTIM SPORTED BY GROUND (G) DE OR AIR (A) AMBULANCE			
						NONEFAILED									OTHER FROM	R VICTIMS T	RANSPO BEAT	ORTED BY	
		//		\_		LAP FAILED									UNIT NO.	POS	SITION	* G or A	
						SHOULDER FAILED									-			-	-
		<		\ \ 	FAILUR	BOTH FAILED						8	VICTIM EJE			DRIVEF		AR WITH LC	OCAL
			<		INT	CHILD RESTRAINT							2	IPLETE TIAL		2 🔲 N		J	
		<		<b>\</b>	STRAINT	AIRBAG NOT DEPLOYED							VICTIM EX		L <sub>i</sub>	1 🔲 S	ALIGNME TRAIGHTI		
				/	RE	PASSIVE SYSTEM							1 NOT 2 BY A	MBULANCE	ATTENDAN	3 🛄 UI	URVED NKNOWN D ALCOHO	OL CONTEN	ιτ
		`				UNKNOWN								4 BY FIRE DEPAR 5 BY PASSERSBY		TEST 1	TAKEN ES- TYPE	E	
					SAGE	RESTRAINT PROPERLY USED							TERRAIN T	YPE		RESULT(QUANTITY			
	_	TOP UNDERCAR	RRIAGE		ER US	CHILD RESTRAINT							2 HILL	Υ		DRUG	3 UNKNOWN IF TESTED  DRUG SCREEN TAKEN		
	NONE UNKNOWN				MPROPE	PASSIVE & LAP							1 URB.	AN			1 YES- TYPE		
					IMP	SHOULDER							3 UNK				OT TESTE NKNOWN	ED HF TESTED	
9	OFF	FICER'S SIGN	ATURE AND ID	NUMBER			AGE	ENCY								DATE RE	PORT CO	MPLETED	

	TRAFFIC ACCIDENT REPORT ADOT USE ONLY
ADOT TRA	FORWARD COPY TO REPORT ID Agency Report Number
†• 01-2710	TAVE., FROENIA, AZ 05007-3213
012/10	
RT)	CARRIER INFORMATION         NAME:       □ Passenger Car         SOURCE:       □ Shipping Papers       □ Vehicle Side       □ Driver       □ Light Truck         □ Bus (9-15 seats)       □ Bus (> 15)
AIN REPO	ADDRESS:  (Street or P.O. Box)  City:  State:  Zip Code:  Truck (2 axle/6 or more tires)  1-Unit Truck (2 axle/6 or more tires)  1-Unit Truck (3 or more axles)  Truck with Trailer  Truck Tractor only  Truck Tractor with Semi-trailer
IO. ID WITH N	US DOT:
PON	CARGO BODY TYPE EVENT SEQUENCE OF EVENTS (UP TO FOUR FOR EACH UNIT)
TRAFFIC UNIT NO. (MUST CORRESPOND WITH MAIN REPORT)	□ Not Applicable□ Dump12. Pedestrian□ Bus (9-15 seats)□ Grain, Chips, Gravel02. Jackknifed13. Motor vehicle in transport□ Bus (> 15 seats)□ Concrete Mixer04. Downhill runaway15. Train□ Van/Enclosed Box□ Auto Transporter05. Cargo Loss or Shift16. Bicycle□ Cargo Tank□ Garbage or Refuse06. Explosion or fire17. Animal□ Pole□ Other07. Separation of units18. Fixed object□ Flatbed09. Equip. Failure (brakes, blowout)10. Other Non Collision20. Other Moveable Object
	CARRIER INFORMATION  VEHICLE CONFIGURATION
REPORT)	NAME:  SOURCE: Shipping Papers Vehicle Side Driver Log Book  ADDRESS: Passenger Car Light Truck Bus (9-15 seats) Bus (> 15) 1-Unit Truck (2 axle/6 or more tires) 1-Unit Truck (3 or more axles)
AN	(Street or P.O. Box)  City:State:Zip Code:Truck Tractor only
UNIT NO. RESPOND WITH MAIN REPORT)	Truck Tractor with Semi-trailer     Truck Tractor with Double Trailers     Tractor with Double Trailers     Tractor with Triple Trailers     Other - Unable to Classify     GVWR
T NO N	CARGO BODY TYPE EVENT SEQUENCE OF EVENTS (UP TO FOUR FOR EACH UNIT)
TRAFFIC UNI	□ Not Applicable       □ Dump         □ Bus (9-15 seats)       □ Grain, Chips, Gravel         □ Bus (> 15 seats)       □ Concrete Mixer         □ Van/Enclosed Box       □ Auto Transporter         □ Cargo Tank       □ Garbage or Refuse         □ Pole       □ Other         □ Flatbed             1.       01. Ran off road         02. Jackknifed       13. Motor vehicle in transport         14. Parked vehicle         03. Overturned or Rollover       14. Parked vehicle         04. Downhill runaway       15. Train         05. Cargo Loss or Shift       16. Bicycle         06. Explosion or fire       17. Animal         07. Separation of units       18. Fixed object         4.       09. Equip. Failure (brakes, blowout)       19. Work Zone Maint. Equip.         09. Equip. Failure (brakes, blowout)       20. Other Moveable Object         10. Other Non Collision       21. Unknown Moveable Object
	CARRIER INFORMATION VEHICLE CONFIGURATION
PORT)	NAME:  SOURCE: Shipping Papers Vehicle Side Driver Log Book  Bus (9-15 seats) Bus (9-15) DI-Unit Truck (2 axle/6 or more tires)
MAIN RE	ADDRESS:
NO. ND WITH	US DOT:   ICC MC:   Tractor with Double Trailers   Tractor with Triple Trailers   Other - Unable to Classify
SPO	CARGO BODY TYPE EVENT SEQUENCE OF EVENTS (UP TO FOUR FOR EACH UNIT)
TRAFFIC UNIT NO. (MUST CORRESPOND WITH MAIN REPORT)	□ Not Applicable       □ Dump         □ Bus (9-15 seats)       □ Grain, Chips, Gravel         □ Bus (> 15 seats)       □ Concrete Mixer         □ Van/Enclosed Box       □ Auto Transporter         □ Cargo Tank       □ Garbage or Refuse         □ Pole       □ Other         □ Flatbed             1.       12. Pedestrian         13. Motor vehicle in transport         14. Parked vehicle         15. Train         16. Bicycle         17. Animal         18. Fixed object         4.       18. Fixed object         19. Work Zone Maint. Equip.         10. Other Non Collision       20. Other Moveable Object
SIGNATURE	11. Unknown Non Collision  EOF OFFICER  DATE